

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	H - S	10 3-68-01 866	
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date	
Final	11	7
Original	02	03
1	✓	✓
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14	✓	
15	✓	✓
16	N	N
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23	N	N
24	✓	✓
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31	✓	✓
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Claim	Date	
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If more than 150 claims or 10 actions  
staple additional sheet here

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03-08-01